

## **LATE ENTRANT / DEPENDENT INFORMATION**

You, the Employee, must enroll on behalf of yourself and your dependents within 31 days of the date you become eligible. If you or your eligible dependents fail to enroll within 31 days, you or your dependents will be considered late entrants and subject to the waiting period. If you gain a new Dependent, then you will be required to notify the Plan within 31 days of gaining that Dependent. All late entrants are required to satisfy the fifty-eight (58) day waiting period.

If approved to be a participant in the Plan, the earliest date that a late entrant's coverage may take effect will be the first day of the first month following fifty-eight (58) days after the late entrant has made application to be a covered participant. You will be notified of such approval or denial on or before the effective date. The Plan reserves the right to approve or deny any late entrant.

If additional information is received by the Plan after your acceptance in the Plan that would disqualify you or your dependent from coverage, the Plan will have the right to terminate coverage back to the original effective date and the employer will refund any contributions that you have made for coverage. The employee will be responsible for paying for all claims paid by the Plan on behalf of himself/herself or the ineligible dependent.

### **Required Documentation for Proof of Dependent:**

**Spouse:** Certified Marriage License or Certified Informal Marriage Certificate, and Social Security Number.

**Natural/Adopted Child:** Certified Birth Certificate, which shows name of mother and father (mother or father must be the Employee); Certified, signed and filed, Adoption Decree or Placement for Adoption Order (parent must be the Employee), original Certified Birth Certificate and new Certified Birth Certificate with the name change, etc., with certified, signed and filed, supporting documents for changes; court order (signed by a Judge or the Attorney General) or order for support by the Attorney General for the State of Texas, and Social Security Number.

**Stepchild:** Certified Birth Certificate which shows name of mother and father, Certified Marriage License showing that employee is legally married to Stepchild's parent and Stepchild's Social Security Number. In addition, for dependent dental coverage: Certified, signed and filed Divorce Decree stating the individual responsible and Proof of Residency (certified school record).

**Grandchild:** Certified, signed and filed, legal document (court order issued under Chapter 154, Family Code, or enforceable by a court in the State of Texas) stating Employee must provide medical support for each child; Certified Birth Certificate; Social Security Number; and proof the child is a dependent of the Plan Participant for federal income tax purposes at the time application for coverage of the child is made.

**Court Ordered Child:** Certified Birth Certificate; Social Security Number; and Certified, signed and filed court order issued under Chapter 154, Family Code, or enforceable by a court in the State of Texas, stating Plan Participant must provide medical support for child.

**Note:** Proof of full time student status is required for participation in the Fort Bend County Dental Plan.